

Case Number:	CM14-0180277		
Date Assigned:	12/12/2014	Date of Injury:	09/27/2012
Decision Date:	01/23/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44-year-old male with a 9/27/12 date of injury. He injured his left shoulder and bilateral hands as a consequence of repetitive hammering while laying cement. According to a progress report dated 12/3/14, the patient was seen for his left shoulder pain and bilateral wrist/hand pain with numbness of the hands. He reported increased bilateral wrist pain. Objective findings: tenderness upon palpation of lumbar paraspinal muscles, left shoulder, bilateral thumbs, and bilateral wrists; lumbar, bilateral wrists, and bilateral thumbs ranges of motion were restricted by pain in all directions; left shoulder ranges of motion were restricted by pain in all directions with impingement signs; muscle strength was 5/5 in all limbs. Diagnostic impression: left shoulder pain and impingement, left rotator cuff tendinitis, bilateral carpometacarpal thumb joint pain, bilateral wrist tendinitis, mild bilateral carpal tunnel syndrome, left ulnar neuropathy at elbow, lumbar disc protrusion, lumbar facet joint arthropathy, left sacroiliac joint pain, lumbar sprain/strain. Treatment to date: medication management, activity modification, physical therapy, chiropractic treatment, acupuncture, and cortisone injections. A UR decision dated 10/22/14 denied the request for Flexeril. In this case, the patient admits to having more stiffness and spasms in the left shoulder, despite the use of Flexeril. The records indicate that the patient had been prescribed Flexeril since 8/15/14. The guidelines note that Flexeril's effect is modest and greatest in the first 4 days of treatment, suggesting a shorter course may be better.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 prescription of Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, according to the records provided for review, this patient has been taking Flexeril since at least 8/4/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for 1 prescription of Flexeril 7.5mg #60 was not medically necessary.